

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)  
REC'D IR OFFICE  
9-27-17

|              |              |
|--------------|--------------|
| Permit #:    | 170489       |
| Date:        | 10-23-17     |
| Amount Paid: | \$50 10-4-17 |
| Refund:      |              |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

|   |  |  |
|---|--|--|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER |  |  |
| Owner's Name: Thomas DeBriar  | Mailing Address: 63745 EVERGREEN LANE IRON RIVER, WI 54847 | City/State/Zip: 715-372-4082   |
| Address of Property: 63745 EVERGREEN LANE   | City/State/Zip: IRON RIVER, WI 54847                       | Cell Phone: 715-542-1839   |
| Contractor: NJ CUSTOM BUILDERS  | Contractor Phone: 715-817-1350 ANDY RASMUSSEN + SONS INC   | Plumber Phone: 715-798-3355  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s))  | Agent Phone:   | Agent Mailing Address (include City/State/Zip):                                |
| PROJECT LOCATION: SW 1/4, N18 1/4   | Legal Description: (Use Tax Statement) 13392               | Tax ID# (4-5 digits) 13392   |
| Gov't Lot   | Lot(s)   | CSM  |
| Vol & Page 112/176  | Lot(s) No.   | Block(s) No.   |
| Section 4, Township 46 N, Range 8 W   | Town of: DELTA   | Subdivision:   |
| Lot Size  | Acreage 3.19   | Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2014 R-556001 |

|   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| Value at Time of Completion * include donated time & material \$50,000  | Project   | # of Stories and/or basement                   | Use  | # of bedrooms   | What Type of Sewer/Sanitary System Is on the property?                                    | Water                                    |
|   |   |  |  |   |   |  |
| <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline: feet     | Distance Structure is from Shoreline: feet             | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <input type="checkbox"/> Non-Shoreland  | <input type="checkbox"/> New Construction   | <input checked="" type="checkbox"/> 1-Story    | <input type="checkbox"/> Seasonal                      | <input type="checkbox"/> 1  | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
| <input checked="" type="checkbox"/> Addition/Alteration   | <input type="checkbox"/> 1-Story + Loft   | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2                             | <input type="checkbox"/> (New) Sanitary   | Specify Type: _____   | <input checked="" type="checkbox"/> Well |
| <input type="checkbox"/> Conversion   | <input type="checkbox"/> 2-Story  | <input type="checkbox"/> 3                     | <input checked="" type="checkbox"/> Sanitary (Exists)  | Specify Type: _____   | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
| <input type="checkbox"/> Relocate (existing bldg)   | <input type="checkbox"/> Basement   | <input type="checkbox"/> None                  | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> Compost Toilet   | <input type="checkbox"/> None   |  |
| <input type="checkbox"/> Run a Business on Property   | <input type="checkbox"/> Foundation   |  |  |   |   |  |

|   |               |              |             |
|---|---------------|--------------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 44'6" | Width: 30'9" | Height: 16' |
| Proposed Construction:  | Length: 10'   | Width: 30'9" | Height: 16' |

|  |   |              |                |
|--|---|--------------|----------------|
| Rec'd for Issuance Proposed Use                                    | Proposed Structure  | Dimensions   | Square Footage |
| <input type="checkbox"/> OCT 18 2017                               | Principal Structure (first structure on property)   | ( ) X )      |                |
| <input type="checkbox"/> BACK TO BACK 10'x8'-17' Secretarial Staff | Residence (i.e. cabin, hunting shack, etc.) with Loft                                       | ( ) X )      |                |
| <input checked="" type="checkbox"/> Residential Use                | with a Porch with (2 <sup>nd</sup> ) Deck   | ( ) X )      |                |
| <input type="checkbox"/> OCT 20 2017                               | with a Deck with (2 <sup>nd</sup> ) Deck  | ( ) X )      |                |
| <input type="checkbox"/> Commercial Use                            | with Attached Garage  | ( ) X )      |                |
| <input type="checkbox"/> Rec'd for Issuance                        | Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities) | ( ) X )      |                |
| <input type="checkbox"/> OCT 23 2017                               | Mobile Home (manufactured date) _____   | ( ) X )      |                |
| <input checked="" type="checkbox"/> Municipal Use                  | Addition/Alteration (specify) EXPIRED LABORATORY ON NORTH END                               | ( 10' x36' ) | 307            |
| <input type="checkbox"/> Secretarial Staff                         | Accessory Building (specify) _____  | ( ) X )      |                |
| <input type="checkbox"/>   | Accessory Building Addition/Alteration (specify) _____                                      | ( ) X )      |                |
| <input type="checkbox"/>   | Special Use: (explain) _____  | ( ) X )      |                |
| <input type="checkbox"/>   | Conditional Use: (explain) _____  | ( ) X )      |                |
| <input type="checkbox"/>   | Other: (explain) _____  | ( ) X )      |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

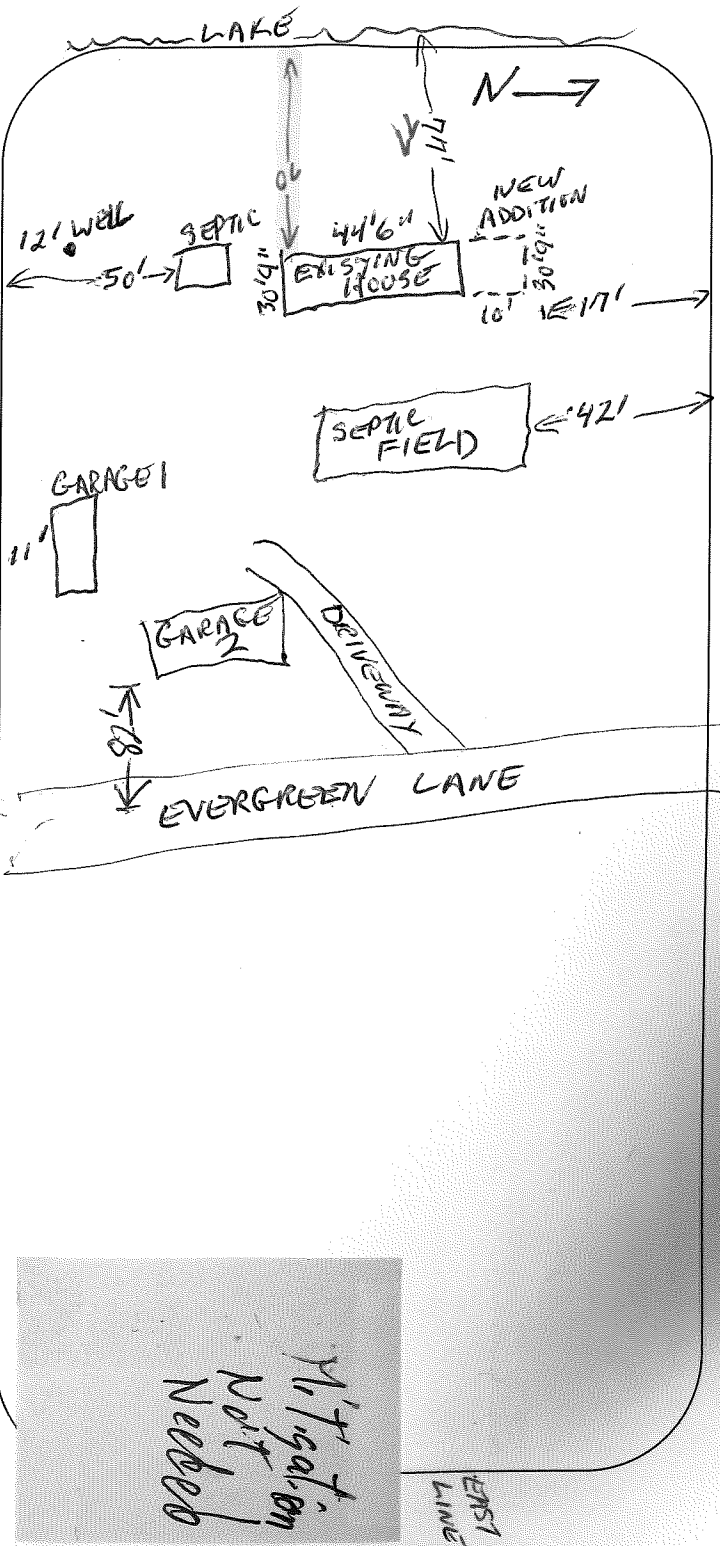
Owner(s): Thomas DeBriar Helen A. DeBriar Date 9/25/17  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 63745 EVERGREEN LANE, IRON RIVER, WI 54847  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): All Existing Structures on your Property
- (4) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (5) Show: (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (6) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%
- (7) Show any (\*):



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

| Description                                 | Measurement | Description                                      | Measurement   |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 82' Feet    | Setback from the Lake (ordinary high-water mark) | 77' Feet  |
| Setback from the Established Right-of-Way   | 47 1/2 Feet | Setback from the River, Stream, Creek            | N/A Feet  |
| Setback from the North Lot Line             | 17' Feet    | Setback from the Bank or Bluff                   | N/A Feet  |
| Setback from the South Lot Line             | 11' Feet    | Setback from Wetland                             | N/A Feet  |
| Setback from the West Lot Line              | 77' Feet    | 20% Slope Area on property                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line              | 77' Feet    | Elevation of Floodplain                          | N/A Feet  |
| Setback to Septic Tank or Holding Tank      | 50 Feet     | Setback to Well                                  | 12 Feet   |
| Setback to Drain Field                      | 4 1/2 Feet  |  |   |
| Setback to Privy (Portable, Composting)     | N/A Feet    |  |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

|  |  |  |  |  |  |   |   |  |
|--|--|--|--|--|--|---|---|--|
| <b>Issuance Information (County Use Only)</b>  |  | Sanitary Number: 137218  | # of bedrooms: 3                         | Sanitary Date: 9/10/90                       |  |   |   |  |
| Permit Denied (Date):  |  | Reason for Denial:   |  |  |  |   |   |  |
| Permit #: 17-0489  |  | Permit Date: 10-23-17  |  |  |  |   |   |  |
| Is Parcel a Sub-Standard Lot   |  | <input type="checkbox"/> Yes (Deed of Record)  | <input checked="" type="checkbox"/> No   | Mitigation Required                          | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is Parcel in Common Ownership  |  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))   | <input checked="" type="checkbox"/> No   | Mitigation Attached                          | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| Is Structure Non-Conforming  |  | <input type="checkbox"/> Yes   | <input checked="" type="checkbox"/> No   | Previously Granted by Variance (B.O.A.)      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | Case #:                                 |   |  |
| Granted by Variance (B.O.A.)   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Case #:                                  |  |  |   |   |  |
| Was Parcel Legally Created   |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | Were Property Lines Represented by Owner |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            | Was Property Surveyed                   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was Proposed Building Site Delineated  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |   |   |  |
| Inspection Record:   |  | 10/17/17 + beyond on Natural Veg   |  |  |  |   |   |  |
| Date of inspection: 10/17/17   |  | Inspected by: [Signature]  |  | Zoning District (R-1)                        |  | Lakes Classification (2)                |   | Date of Re-Inspection:                                   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) |  |  |  |  |  |   |   |  |
| Signature of Inspector: [Signature]  |  | Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met. |  |  |  |   |   | Date of Approval: 10/18/17                               |
| Hold For Sanitary: <input type="checkbox"/>  |  | Hold For TBA: <input type="checkbox"/>   |  | Hold For Affidavit: <input type="checkbox"/> |  | Hold For Fees: <input type="checkbox"/> |   | <input type="checkbox"/>                                 |

WHERE IS THIS MORTGAGE AFFIDAVIT?, DEED SCHEDULES SAID OK TO ISSUE

1/30/18

City, Village, State or Federal  
May Also Be Required

LAND USE – X  
SANITARY – 137218 (9/10/1990)  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **17-0429** Issued To: **Thomas & Helen DeBriac**

Par #20 in

Location: **SW** ¼ of **NE** ¼ Section **4** Township **46** N. Range **8** W. Town of **Delta**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Addition / Alteration: [1- Story; Expand Living Room & Bedroom on North End (10' x 30.9') = 307 sq. ft.]**  
(Disclaimer): Any future expansions or development would require additional permitting.

**Condition(s): May not be used for human habitation unless all applicable zoning/sanitary/UDC codes are fully met.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**October 23, 2017**

Date